

## APPLICATION FOR INDIVIDUAL ADJUSTER LICENSE

**READ THE INSTRUCTIONS ON PAGE 4 BEFORE COMPLETING THIS APPLICATION**

<b>1</b>	<b>LICENSE TYPE:</b> (Check one only): <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> INSURANCE ADJUSTER (Independent)</div><div>(AJ)</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> PUBLIC INSURANCE ADJUSTER</div><div>(PJ)</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> INTERIM PUBLIC INSURANCE ADJUSTER</div><div>(PI)</div></div>	<b>FOR DEPARTMENT USE ONLY</b>
<b>2</b>	<b>APPLICANT NAME:</b> Last _____ First _____ Middle _____	FILE NUMBER <div style="display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center; line-height: 20px;">1</div><div style="border-bottom: 1px solid black; width: 100px;"></div></div>
<b>3</b>	<b>INSURANCE ADJUSTER AND PUBLIC INSURANCE ADJUSTER APPLICANT ONLY:</b> DO YOU INTEND TO USE A FICTITIOUS (DBA) NAME TO CONDUCT YOUR ADJUSTER BUSINESS?..... <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list such name: _____	<div style="display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center; line-height: 20px;">2</div><div style="border-bottom: 1px solid black; width: 100px;"></div></div> WK STA <div style="border-bottom: 1px solid black; width: 100px;"></div> PERM ISSUED <div style="border-bottom: 1px solid black; width: 100px;"></div>
<b>4</b>	<b>IDENTIFICATION INFORMATION:</b> Social Security Number _____ Sex: _____ Male _____ Female      Birth Date _____ - _____ - _____ Birthplace _____ Height _____ Weight _____ Hair Color _____ Eye Color _____ <div style="text-align: right; margin-top: 10px;">▶ ATTACH A RECENT 1¼ x 1¼ PHOTOGRAPH: <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto;"></div></div>	<div style="display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px; text-align: center; line-height: 20px;">3</div><div style="border-bottom: 1px solid black; width: 100px;"></div></div> PERM MAILED _____ INTERIM ISSUED <div style="border-bottom: 1px solid black; width: 100px;"></div> INTERIM MAILED _____
<b>5</b>	<b>CHECK ONE:</b> <input type="checkbox"/> CALIFORNIA RESIDENT LICENSE <input type="checkbox"/> NONRESIDENT LICENSE: Not applicable for Interim License Applicants <small>Insurance Adjuster (AJ) applicants refer to instructions on page 4 for further clarifications of requirements.</small>	
<b>6</b>	<b>PRINCIPAL BUSINESS:</b> (P.O. Box not acceptable) P.O. Box/Street _____ Apt/Suite # _____ City _____ State _____ ZIP _____	
<b>7</b>	<b>RESIDENCE ADDRESS:</b> (P.O. Box not acceptable) Street _____ Apt/Suite # _____ City _____ State _____ ZIP _____	
<b>8</b>	<b>MAILING ADDRESS:</b> (P.O. Box not acceptable) Street _____ Apt/Suite # _____ City _____ State _____ ZIP _____	
<b>9</b>	<b>EXAMINATION INFORMATION:</b> Desired Location _____ (LA) Los Angeles, (SD) San Diego, (SF) San Francisco, (SA) Sacramento, (FR) Fresno. Desired Date _____ a.m. _____ p.m. _____ If we are unable to honor this date, the next available date will be scheduled. <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px 0;"><b>SPECIAL ACCOMMODATION REQUEST FOR EXAMINATION</b> (In Compliance with The Americans with Disabilities Act)</div> <div style="display: flex; justify-content: space-between;"><div>Do you have a disability/impairment for which you may need assistance during the written examination?.....</div><div><input type="checkbox"/> YES <input type="checkbox"/> NO</div></div> <p>If yes, you are required to submit documentation from the medical authority or learning institution that rendered a diagnosis. Verification must be submitted, with this application, on the letterhead stationery of the authority or specialist and include the following:</p> <ul style="list-style-type: none"><li>• Description of the disability and limitations related to the testing</li><li>• Recommended accommodation/modification</li><li>• Name, title and telephone number of the medical authority or specialist</li><li>• Original signature of the medical authority or specialist</li><li>• Professional license or certification number of the medical authority or specialist.</li></ul>	

<b>10</b>	ARE YOU NOW OR HAVE YOU EVER USED ANY NAME OTHER THAN LISTED IN (2), or (3)? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO If <b>YES</b> , list names, dates and reason used.																																								
<b>11</b>	DO YOU NOW HOLD, OR HAVE YOU EVER HELD, <b>ANY</b> LICENSE/PERMIT UNDER WHICH YOU ENGAGED IN ANY OCCUPATION? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO If <b>YES</b> , list such license/permit:																																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Type of License and License Number</th> <th style="width: 20%;">State or Province</th> <th style="width: 15%;">Resident or Nonresident</th> <th style="width: 15%;">Date License held From</th> <th style="width: 10%;">To</th> <th style="width: 10%;">Is License In Force?</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Type of License and License Number	State or Province	Resident or Nonresident	Date License held From	To	Is License In Force?																														
Type of License and License Number	State or Province	Resident or Nonresident	Date License held From	To	Is License In Force?																																				
<b>12</b>	A. LIST YOUR OCCUPATION/EMPLOYMENT FOR THE PAST <b>FIVE YEARS TO CURRENT DATE</b> : Include unemployment and school.																																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">From (Mo. &amp; Yr.)</th> <th style="width: 10%;">To (Mo. &amp; Yr.)</th> <th style="width: 20%;">Employer Name</th> <th style="width: 20%;">Address</th> <th style="width: 20%;">Duties Performed</th> <th style="width: 20%;">Reason For Leaving</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					From (Mo. & Yr.)	To (Mo. & Yr.)	Employer Name	Address	Duties Performed	Reason For Leaving																														
From (Mo. & Yr.)	To (Mo. & Yr.)	Employer Name	Address	Duties Performed	Reason For Leaving																																				
	B. If your employment record is to be used to determine your experience eligibility for this license, attach a separate signed statement detailing the duties performed and the time spent performing such duties..																																								
<b>13</b>	<b>INSURANCE ADJUSTER APPLICANT ONLY:</b> A. Will you be the qualified manager of your business? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO If <b>NO</b> , list below the name and social security number of the qualified manager and attach a Personal Identification Form (#31A-9) completed by such person. <div style="border-bottom: 1px solid black; margin-top: 10px; display: flex; justify-content: space-between;"> <span>LAST</span> <span>FIRST</span> <span>MIDDLE</span> <span>/</span> <span>SOCIAL SECURITY NUMBER</span> </div>																																								
	B. List the full name and social security number of each employee who will be authorized to negotiate claim settlements. (Attach a separate sheet if additional space is needed.)																																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Last</th> <th style="width: 30%;">Name First</th> <th style="width: 10%;">Middle</th> <th style="width: 30%;">Social Security Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Last	Name First	Middle	Social Security Number																																
Last	Name First	Middle	Social Security Number																																						
<b>14</b>	<b>PUBLIC INSURANCE ADJUSTER APPLICANT ONLY:</b> A. An Authorization Application (Form 0100A), with fee, must be submitted to the Department for each person employed by you to settle claims. B. Attach a copy of the contract you will use in your adjusting business. Contract must be approved by the Department prior to the issuance of the license.																																								

<b>15</b>	<b>INTERIM PUBLIC INSURANCE ADJUSTER APPLICANT ONLY:</b> A. Print the name and license number of the Public Adjuster for whom you are employed.		
	Employer's Licensed Name	License Number	
	LAST	FIRST	MIDDLE
	B. An Authorization Application (Form 0100A) from your employer, with the required fee, must be attached to this filing. C. Attach a copy of the contract you will use. Contract must be approved by this department prior to issuance of license.		
<b>16</b>	HAVE YOU EVER BEEN THE SUBJECT TO ANY ADMINISTRATIVE AGENCY DISCIPLINARY ACTION? FOR THE PURPOSE OF THIS QUESTION, ADMINISTRATIVE AGENCY DISCIPLINARY ACTION INCLUDES BUT IS NOT LIMITED TO: HAVING ANY PROFESSIONAL, VOCATIONAL OR BUSINESS LICENSE DENIED, SUSPENDED, PLACED ON PROBATION, RESTRICTED OR REVOKED, OR ANY FINE IMPOSED; WITHDRAWING ANY APPLICATION OR SURRENDERING ANY LICENSE TO AVOID DISCIPLINARY ACTION; BEING ISSUED A CEASE AND DESIST ORDER OR ITS EQUIVALENT; BEING THE SUBJECT OF A CONSERVATION, LIQUIDATION, REHABILITATION OR RECEIVERSHIP ORDER ..... <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>17</b>	HAVE YOU EVER BEEN CONVICTED OF A CRIME? ..... <input type="checkbox"/> YES <input type="checkbox"/> NO "Crime" includes a felony or misdemeanor and military offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having had any charge expunged, dismissed or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses.		
<b>▶ IMPORTANT NOTICE:</b> If you answered yes to (16) or (17), attach a detailed statement, signed by you, of the events which led to the charges (dates places). If the matter was heard in court, attach copies, <b>Certified by the Court</b> , of the <b>Criminal</b> Complaint and the Sentencing Minute Order showing the final plea, judgement and sentence. If any disciplinary action was taken by an administrative agency, attach certified copy of the action.			
<b>18</b>	<b>APPLICANT'S CERTIFICATION:</b>  I REPRESENT THAT THE HOLDING OF THE LICENSE HEREBY APPLIED FOR IS NOT PROHIBITED BY THE LAWS, RULES OR REGULATIONS OF ANY FEDERAL, STATE, COUNTY, OR MUNICIPAL GOVERNMENT BY WHICH I AM CURRENTLY EMPLOYED (IF ANY) OR BY WHICH MY EMPLOYER OR I AM LICENSED (IF ANY).  I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THE FOREGOING APPLICATION AND KNOW THE CONTENTS THEREOF AND THAT EACH STATEMENT THEREIN MADE IS FULL, TRUE AND CORRECT, AND I AGREE TO NOTIFY THE INSURANCE COMMISSIONER OF ANY CHANGE IN THE MATTERS SET FORTH IN THIS APPLICATION. I UNDERSTAND THAT PURSUANT TO SECTIONS 1668(h) AND 15039(a) OF THE INSURANCE CODE ANY FALSE STATEMENT MAY SUBJECT MY APPLICATION TO DENIAL AND MAY SUBJECT MY LICENSE(S) TO SUSPENSION OR REVOCATION. FURTHER, PURSUANT TO INSURANCE CODE SECTIONS 15028.6 AND GOVERNMENT CODE 7473, I AUTHORIZE DISCLOSURE TO THE INSURANCE COMMISSIONER OF ALL FINANCIAL INSTITUTION RECORDS OF ANY FIDUCIARY ACCOUNTS FOR THE DURATION OF THIS LICENSE.		
	<b>▶ APPLICANT'S SIGNATURE</b> _____ <b>▶ CITY</b> _____ <b>▶ DATE</b> _____		
	<b>▶ RESIDENCE PHONE # ( )</b> _____ <b>▶ BUSINESS PHONE # ( )</b> _____		

### **NOTICE: INFORMATION COLLECTION AND ACCESS**

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals.

**AGENCY:** Department of Insurance      **ADDRESS:** 320 Capitol Mall, Sacramento, CA 95814      **TELEPHONE NUMBER:** (916) 322-3555

**TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:** Chief, License Bureau

**AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:** California Insurance Code, Chapters 1 and 2, Division 5.

**THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION:** Delay or non-issuance of the license for which you applied.

**THE PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED:** Evaluation of license application.

EACH INDIVIDUAL HAS THE RIGHT TO REVIEW FILES MAINTAINED ON THEM BY THE AGENCY, UNLESS THE INFORMATION IS CLASSIFIED AS CONFIDENTIAL UNDER SECTION 1798.3(a) OF THE CIVIL CODE.

# INSTRUCTIONS FOR COMPLETING INDIVIDUAL INSURANCE ADJUSTER APPLICATION

## ALL ENTRIES EXCEPT SIGNATURES MUST BE TYPED

### Re: Question #1 — "LICENSE TYPE":

**Insurance Adjuster (AJ)** — An insurance adjuster is a person other than a private investigator who, for any consideration whatsoever, engages in the business of making an investigation for the purpose of obtaining information in the course of adjusting or participating in the disposal of any claim in connection with a policy of insurance or engages in soliciting insurance adjustment business.

**Public Insurance Adjuster (PJ)** — A Public Insurance Adjuster is a person who, for compensation, acts on behalf of or aids in any manner, an insured in negotiating for or effecting the settlement of a claim or claims for loss or damage under any policy of insurance covering real or personal property or any person who advertises, solicits business, or holds himself or herself out to the public as an adjuster of those claims and any person who, for compensation, investigates, settles, adjusts, advises, or assists an insured with reference to claims for those losses on behalf of any public insurance adjuster.

**Interim Public Insurance Adjuster (PI)** — An Interim licensee is a person employed by a Public Insurance Adjuster for the purpose of training.

### Re: Question #2 — "APPLICANT NAME":

Enter full legal name, initials are not acceptable. If no middle name, enter (NMN). If any part of your legal name is an initial only, attach a signed statement to that effect and place parentheses around such initial on the application.

### Re: Question #3 — "FICTITIOUS BUSINESS (DBA) NAME":

All fictitious business names must be approved by the Department prior to use.

### Re: Question #5 — "RESIDENT OR NONRESIDENT": A nonresident Insurance Adjuster (AJ) license applicant must establish a California business address. CIC 14029(a)

requires that the business of each licensee be operated under the active direction, control, charge or management, in this state, of the licensee, if the licensee is qualified, or the person who has qualified to act as the licensee's manager, if the licensee is not qualified. The qualified manager is not required to be a resident of California, but must meet the oversight requirements pursuant to CIC 14029(a) stated above.

Nonresident Public Insurance Adjuster (PJ) - A Stipulation and Agreement, form 103A, is required to be submitted with the application.

### Re: Question #6 — "PRINCIPAL BUSINESS ADDRESS": and #7

If applicant intends to conduct business from any location in California other than the listed principal place of business, an application for Branch Office Certificate (form 31A-13) with appropriate fee must be completed for each such office. A Branch Office must be a bona fide place of business.

### Re: Question #8 — Do not enter the word "SAME":

### Re: Question #9 — "EXAMINATION INFORMATION":

Examinations are administered daily, Monday through Friday, at 8:30 a.m. and 1:00 p.m., in Los Angeles (LA), San Diego (SD), San Francisco (SF), and Sacramento (SA), and once monthly in Fresno, usually the third Saturday of each month at 8:30 a.m. and 1:00 p.m. If you fail to appear for a scheduled examination an additional examination fee will be required for rescheduling.

### Re: Question #10 — "NAMES": List previously and currently used aliases and maiden names, if any.

If you are currently using an "also known as" (AKA) name which you desire to be recorded on your license, so state. Abbreviations of your true name or "nick names" are not acceptable for recording.

### Re: Question #12 — "EMPLOYMENT HISTORY":

Public Insurance Adjuster applicant and the QUALIFIED MANAGER for an Insurance Adjuster applicant must have two years certified experience in the adjusting field. One year's experience is equal to 2,000 hours of compensated time in the adjusting field.

### Re: Question #13 — "INSURANCE ADJUSTER APPLICANT":

13-A. Notification of subsequent change in Qualified Manager must be reported, in writing, to the Department within 30 days of such occurrence. A Personal Identification Form (#31A-9) for each NEW Qualified Manager must be filed with the Department. The Pocket Identification Card for the **previously** named Qualified Manager must be surrendered to the Department.

13-B. The full name and Social Security Number of any employee hired or terminated subsequent to this filing, must be submitted to the Department within 30 days of such occurrence.

### Re: Question #14 — "PUBLIC INSURANCE ADJUSTER APPLICANT":

14-A. All persons acting as a Public or Interim Insurance Adjuster must be licensed.

An Authorization Application (form 0100A), with fee, must be submitted to the Department for all persons employed by you to settle claims. An Authorization Application must also be filed by you when such person ceases to be employed by you in that capacity.

14-B. Your contract must be approved by this Department prior to the issuance of the license.

### Re: Question #15 — "INTERIM PUBLIC INSURANCE ADJUSTER APPLICANT":

An Interim License is issued for a period not to exceed one year, however, a bond cancellation or termination by employer may cancel the license prior to the one year period.

After experience qualifications have been met an Interim Licensee may file an application with fees and required documents for a Public Insurance Adjuster's license.

All contracts must be approved prior to issuance of the license.

### Re: Question #16 — "PREVIOUS ARREST OR CONVICTION RECORD": and #17

If the answer is "yes" to any of these questions, documents as listed under "IMPORTANT NOTICE" are required to be attached to this application.

- **ADDITIONAL REQUIREMENTS:** Fingerprint impressions and a fingerprint processing fee is required for the applicant.  
A \$2,000 bond is required for an Insurance Adjuster.  
A \$5,000 bond is required for a Public Insurance Adjuster.  
A \$5,000 bond is required for an Interim Public Adjuster.

- PLEASE REVIEW THE APPLICATION CAREFULLY AFTER COMPLETION. ANY OMISSIONS OR DEFICIENCIES WILL RESULT IN A DELAY IN THE PROCESSING OF YOUR APPLICATION FOR LICENSE.

- MAIL APPLICATION WITH FEES TO: Department of Insurance  
P.O. Box 1139  
Sacramento, CA 95812-1139

- DIRECT QUESTIONS REGARDING THIS FILING TO THE LICENSE BUREAU IN SACRAMENTO, (916) 322-3555

- ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE OR TRANSFERABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.